

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Graves for Congress

ADDRESS (number and street)

2345 Grand Blvd



(Check if address is changed)

Ste 2400

Kansas City

CITY ▲

MO

STATE ▲

64108-2642

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

tbrady@lathropgage.com

Optional Second E-Mail Address

jbradshaw@lathropgage.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY  
12 / 02 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00359034

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jean Paul Bradshaw

Signature of Treasurer Jean Paul Bradshaw

[Electronically Filed]

Date

MM / DD / YYYY  
12 / 02 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Samuel B. Graves Jr.

Candidate  
Party Affiliation

REP

Office  
Sought:☒

House

☐

Senate

☐

President

State

MO

District

06

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                        |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

# Graves for Congress

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Show-Me Political Action Committee

Mailing Address

2345 Grand Blvd

Ste 2400

Kansas City

MO

64108-2642

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Terry J Brady

Mailing Address

2345 Grand

Suite 2400

Kansas City

MO

64108-2642

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

816

460

5635

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Jean Paul Bradshaw

Mailing Address

2345 Grand Boulevard

Suite 2400

Kansas City

MO

64108-2642

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

816

460

5507

Full Name of  
Designated  
Agent

Jean Paul Bradshaw

Mailing Address

2345 Grand Boulevard

Suite 2400

Kansas City

MO

64108-2642

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

816

460

5507

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Country Club Bank, NA

Mailing Address

P.O. Box 410889

Kansas City

MO

64141

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

UMB Bank, NA

Mailing Address

1010 Grand

Kansas City

MO

64106

CITY

STATE

ZIP CODE

**FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)**

FEC Form 1G (Revised 06/2011)

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**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Sam Graves Victory Fund

Mailing Address

2345 Grand Blvd

Ste 2400

Kansas City

MO

64108-2642

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C